Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

HBT-58192

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			44					RATE	FEE] [RATE	FEE
FOR			NUMBER FILED		NUMB	SER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			ЧУminus 20=		* 24			X\$ 9=		OR	X\$18=	432
INDEPENDENT CLAIMS			.7m	inus 3 =	* 4			X42=		OR	X84=	336
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, ente					r "0" in c	column 2		TOTAL		OR	TOTAL	15178
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALLI	ENTITY	OR	OTHER SMALL	
AMENDMENT A	3	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 48	Minus	** 4	4	= 4		X\$ 9=		OR	X\$18=	17
	Independent	TATION OF M	Minus	PENDEN	T CLAIM	= (/		X42=		OR	X84=	504
<u> </u> -	I INOT PILOL	INTATION OF MI	JEHPLE DE	PENDEN	CLAIIVI		'	+140=		OR	+280=	
_	·							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_ ′	ADDII: 1 22			10011.1 221	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	501.411.4	=	1	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	JLIIPLE DE	PENDEN	CLAIM		ا ^ر	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)		10011.122				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		4		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-		X42=		OR	X84=	
لثا	FIRST PRESE	JLTIPLE DEPENDENT		CLAIM		J	+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pai					er fou	nd in the app	ropriate box	k in col	umn 1.	